

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8	1					
9	1					
10						
11						
12						
13						
14						
15						
16	1					
17	1					
18						
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21						
22						
23						
24	1					
25	1					
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28						
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31	1					
32	1					
33	1					
34	1					
35		7				
36	1					
37	1					
38	1					
39	1					
40		1				
41		1				
42	1					
43						
44						
45	1					
46						
47		1				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53	1					
54	1					
55	1					
56	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						